

Complete Summary

GUIDELINE TITLE

Office-based counseling for unintentional injury prevention.

BIBLIOGRAPHIC SOURCE(S)

Gardner HG, American Academy of Pediatrics Committee on Injury, Violence, and Poison Prevention. Office-based counseling for unintentional injury prevention. Pediatrics 2007 Jan;119(1):202-6. [39 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

All clinical reports and policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Unintentional injury

GUIDELINE CATEGORY

Counseling
Prevention

CLINICAL SPECIALTY

Family Practice
Pediatrics

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Hospitals
Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

To provide guidance on the content of unintentional injury-prevention counseling for infants, preschool-aged children, school-aged children, and adolescents

TARGET POPULATION

- Infants
- Preschool-aged children
- School-aged children
- Adolescents

INTERVENTIONS AND PRACTICES CONSIDERED

Injury prevention guidance for parents and children (when appropriate) on age appropriate:

- Traffic safety
- Burn prevention
- Fall prevention
- Choking prevention
- Drowning prevention/water safety
- Safe sleep environment
- Cardiopulmonary resuscitation
- Poison prevention
- Firearm safety
- Sports safety

MAJOR OUTCOMES CONSIDERED

Incidence of unintentional injury or death in children

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Infants

Advise parents about the following issues:

1. Traffic safety: The correct use of currently approved child safety restraints needs to be discussed. The infant car safety seat should be rear-facing in the backseat, never in the front seat if there is a passenger-side air bag. Infants should never be left unattended in an automobile. Parents need to be reminded of the importance of using their own seat belts ("Selecting and using," 2002).
2. Burn prevention: Smoke alarms in the home should be installed and maintained (DiGuseppi & Higgins, 2000; "Reducing the number," 2000). Hot-water temperature should be set at a maximum of 120 degrees F to avoid scald burns. Parents should be advised not to carry their infant and hot liquids or foods at the same time. Milk and formula should not be heated in the microwave because it can heat unevenly, causing pockets of liquid hot enough to scald the infant's mouth. Electrical outlets should be covered with devices that will not pose a choking hazard.
3. Fall prevention: Window and stairway guards/gates are necessary to prevent falls from heights (Committee on Injury and Poison Prevention [CIPP] American Academy of Pediatrics [AAP], "Falls from heights," 2001). Infant walkers should not be used (AAP CIPP, "Injuries," 2001). Infants should never be left alone on any furniture such as changing tables, beds, or sofas.
4. Choking prevention: Small parts or objects can pose a choking hazard to young children. Round or cylindrical and compressible objects and foods can pose life-threatening risks of airway obstruction. Balloons pose a similar risk for young children. To avoid risk of strangulation, parents should be advised to avoid clothes and toys with long strings and cords and to cut looped blind and drapery cords. Suffocation may occur from entrapment in unsafe crib environments and access to waterbeds or plastic bags. Parents should be aware of hazards in any home where an infant spends time.
5. Drowning prevention: Because very young infants drown most commonly in bathtubs and buckets while unsupervised, advise parents never to leave infants or young children in the bathtub or around other bodies of water without constant adult supervision, and advise them to empty and properly store buckets immediately after use ("Prevention of drowning," 2003; Simon, Tamura, & Colton, 2003; Landen, Bauer, & Kohn, 2003). Parents should be reminded that infant bath seats or supporting rings are not a substitute for adult supervision.
6. Safe sleep environment: Infants should be placed for sleep in a supine position in a crib that conforms to current safety standards. Infants should not be put to sleep on soft surfaces such as waterbeds or sofas. Avoid soft materials in the infant's sleep environment. If bumper pads are used, they should be removed when the infant begins to stand. Never leave the crib sides down when the infant is in the crib (AAP Task Force on Sudden Infant Death Syndrome, 2005).
7. Cardiopulmonary resuscitation: It is important that parents become trained in infant and child cardiopulmonary resuscitation and learn how to access their local emergency medical services (e.g., 911).

Preschool-Aged Children

Toddlers and young children are more able to explore their environment but do so with little regard to risk or consequences. Parents of preschool-aged children need to be counseled to take a proactive role in protecting their children.

1. Traffic safety: Toddlers may be placed in a forward facing car safety seat when they reach 1 year and 20 pounds, but it is best for them to remain rear-facing until they reach the highest weight or height allowed in that position by the car safety seat. Preschool-aged children should always ride in the back seat. Parents need to be reminded again of the importance of using their own seat belts ("Selecting and using," 2002). Young children should never be left unsupervised in or around cars. Driveways and streets are particularly dangerous places for children to play. Supervised pedestrian safety begins at this age. Preschool-aged children are not ready to cross the street alone. Children must be watched closely when near driveways and streets (Wills et al., 1997). Use of an approved bicycle helmet begins with riding a tricycle or bicycle with training wheels.
2. Burn prevention: Smoke alarm batteries should be checked regularly (DiGuseppi, Roberts, & Speirs, 1999). Children should be kept away from hot oven doors, irons, wall heaters, and grills. Advise parents to keep hot food and coffee out of the reach of young children ("Reducing the number of deaths," 2000). Electrical outlets should be covered.
3. Fall prevention: Toddlers learning to walk and climb need to be protected from stairways, open windows, and heavy furniture that could topple over (CIPP AAP, "Falls from heights," 2001).
4. Poison prevention: Medicines and household products should be kept out of the sight and reach of children and locked up whenever possible. These items should be purchased and kept in original childproof containers or blister packs. Ipecac is no longer recommended and, if present in the home, should be discarded. Keep the poison control telephone number (1-800-222-1222) handy (AAP, CIVPP, "Poison treatment," 2003).
5. Drowning prevention: Backyard swimming pools or spas need to be completely fenced on 4 sides to separate them from the house and yard; the fence should have a self-closing, self-latching gate (Thompson & Rivara, 2000). The gate should open away from the pool and should be checked often to ensure that it is in good working order. Children younger than 5 years should swim only with close adult "touch" supervision ("Prevention of drowning," 2003; Simon, Tamura, & Colton, 2003; Landen, Bauer, & Kohn, 2003).
6. Firearm safety: Because of the dangers that in-home firearms, particularly handguns, pose to young children, parents should be advised to keep handguns out of places where children live and play. If parents choose to keep a firearm in the home, the unloaded gun and ammunition must be kept in separate locked cabinets ("Firearm-related injuries," 2000).

School-Aged Children

Advice to parents of elementary school-aged children begins to be more focused on the child's behavior. Children begin to learn home safety rules by 3 to 4 years of age (Morrongiello, Midgett, & Shields, 2001). The child should then be included in this learning process, and the parents should be reminded again of their need to model safe behaviors.

1. Traffic safety: When children reach the top weight or height allowed for their car safety seat, they need to ride in booster seats. A booster seat should be used until the child properly fits in the adult seat belt with the shoulder belt lying across the chest, the lap belt low and snug across the upper thighs, and the legs bent at the knees when sitting against the vehicle seat back (usually around 4 feet 9 inches in height and between 8 and 12 years of age) ("Selecting and using," 2002). Remind children and parents that no one should ride in the bed of a pickup truck (AAP CIPP, "Children in pickup trucks," 2000). All-terrain vehicles (ATVs) should not be used by children younger than 16 years ("All-terrain vehicle," 2000; Keenan & Bratton, 2004). Review safe pedestrian practices (Wills et al., 1997). Approved bicycle helmets should be worn on every bike ride (AAP CIPP, "Bicycle helmets," 2001; Thompson, Rivara, & Thompson, 1996).
2. Water safety: Children 5 years and older should be taught to swim and should be taught appropriate rules for water play. Children must never be allowed to swim alone. Coast Guard-approved personal flotation devices should be worn by all children engaged in any boating activity ("Prevention of drowning," 2003).
3. Sports safety: Adults who supervise children participating in organized sports programs and recreational activities need to emphasize the importance of safety equipment for the particular sport as well as appropriate physical conditioning for that sport ("Protective eyewear," 2004; "Injuries in youth," 2000; Committee on Sports Medicine and Fitness [CSMF] American Academy of Pediatrics [AAP], 2001; "Safety in youth," 2000). The use of protective equipment for in-line skating and skateboarding needs emphasis (CIPP AAP, "Skateboard and scooter injuries," 2002; "In-line skating," 1998).
4. Firearm safety: In addition to removing firearms from the home environment where children explore and play, it is important for parents to ask whether there is a gun in any home that their child visits. If parents choose to keep a firearm in the home, the unloaded gun and ammunition must be kept in separate locked cabinets ("Firearm-related," 2000).

Adolescents

Injury-prevention advice to adolescents ideally is included in a broader discussion of healthy lifestyle choices, especially the avoidance of alcohol, tobacco, or other drug use. It is important for pediatricians, parents, and schools to remain united in their efforts to promote community choices that, by modifying the adolescent environment, make adolescent risk-taking less likely to occur, thus decreasing the risk of significant injury. Specific areas of injury-prevention guidance include the following:

1. Traffic safety: Encourage seat belt use and discuss the role of alcohol and drugs in teenage motor vehicle crashes. Discuss specific ways to minimize distracted driving, including eating, drinking, and especially using a cellular phone or electronic device while driving. Alert parents and adolescents to the dangers of high-risk situations, including speeding and reckless driving. Encourage compliance with graduated driver-licensing laws. Parents should enact strict rules to limit nighttime driving and the number of passengers in the car (CIVPP AAP, 2006). A helmet should be worn whenever riding a bicycle, motorcycle, or ATV ("All-terrain vehicle," 2000; AAP CIPP, "Bicycle

- helmets," 2001). ATVs should not be used by children younger than 16 years ("All-terrain vehicle," 2000).
2. Water safety: Discuss the risks of swimming in remote locations and at sites that are not designated as swim areas as well as the dangers of alcohol and other drug consumption during aquatic recreation activities (e.g., swimming, diving, boating). The first entry into any body of water should be feet first, and it is important to know the water's depth and the location of any underwater hazards before jumping or diving. Discuss the need to use an approved personal flotation device whenever the child is riding on a boat or other watercraft or fishing ("Prevention of drowning," 2003).
 3. Sports safety: Adolescents participating in organized sports programs and recreational activities need to be reminded of the importance of safety equipment, including protective eyewear, for their particular sport as well as appropriate physical conditioning for that sport ("Protective eyewear," 2004; "Injuries in youth," 2000; CSMF AAP, 2001; "Safety in youth," 2000). The importance of using protective equipment for in-line skating and skateboarding needs emphasis ("Skateboard and scooter injuries," 2002; "In-line skating," 1998).
 4. Firearm safety: In-home firearms are particularly dangerous during adolescence because of the potential for impulsive, unplanned use by teens resulting in suicide, homicide, or serious unintentional injuries. Firearms, and especially handguns, should be kept out of the home. If parents choose to keep a firearm in the home, the unloaded gun and ammunition must be kept in separate locked cabinets. Parents should ask whether there is a gun in any home that teenagers visit ("Firearm-related injuries," 2000).

Conclusions

Injury-prevention counseling should be integrated into every well-child visit. Because of time constraints, specific topics could be addressed at different visits and tailored to be appropriate for the season, the child's activities, and concerns and questions raised by the parent. The topics addressed should be documented in the medical record. The Injury Prevention Program (TIPP) information sheets could be attached to vaccine information sheets on each visit. Telephone numbers (e.g., poison control center) and Web sites could be posted in the waiting room along with brochures and posters. Parents and children are often receptive to injury-prevention counseling during a sick visit, especially if it is related to an injury, a recent emergency department visit, or injury to a sibling (Johnston, Grosman, & Thompson, 2003). Finally, pediatricians can be more effective advocates for injury prevention by working with community resources that have a major influence on children, (DiGuseppi & Roberts, 2000) such as the school system, park district, Head Start, child care centers, organizations such as the YMCA, and local media.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate use of office-based counseling to prevent unintentional injury

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2007 Jan

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Injury, Violence, and Poison Prevention

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on March 28, 2007. The information was verified by the guideline developer on April 9, 2007.

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